


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44632** (0)

1. Corporation Name

**BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORAT
ION**

Principal Place of Business

Mailing Address

11680 BONITA BEACH RD
UNIT 1
BONITA SPRINGS FL 33923
US

PO BOX 3189
BONITA SPRINGS FL 33959
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/09/1991** 3a. Date of Last Report **02/02/1996**

4. FEI Number **65-0276988** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **34135** Country

28 Zip **34133** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THECKSTON, JAMES M.
15110 PORTS OF IONA DRIVE
FORT MYERS FL 33908**

81 Name **Donna Biolchini**
82 Street Address (P.O. Box Number is Not Acceptable) **27565 Los Amigos Lane**
83
84 City **Bonita Springs, FL** 85 Zip Code **34135**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Donna Biolchini* **Donna Biolchini** 7/3/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTLINE, ANDREW B	1.2 NAME	FEDOR, EVELYN
STREET ADDRESS	2334 ARBOUR WALK CIRCLE	1.3 STREET ADDRESS	28171 WINTHROP CIRCLE
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIOLCHINI, DONNA C.	2.2 NAME	HARLOW, JIM
STREET ADDRESS	27565 LOS AMIGOS LANE	2.3 STREET ADDRESS	26650 NOBLE LANE
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEE, DAVID E	3.2 NAME	HEWITT, TOM
STREET ADDRESS	27171 KINDLEWOOD LANE	3.3 STREET ADDRESS	26650 NOBLE LANE
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTWELL, DENNIS	4.2 NAME	SANTOS, AMILAR
STREET ADDRESS	26910 WEDGEWOOD DR	4.3 STREET ADDRESS	12121 MAIDEN LANE
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEREDIA, YOLANDA	5.2 NAME	PHILLIPS, SANDRA
STREET ADDRESS	9375 STRIKE LANE	5.3 STREET ADDRESS	27975 OLD 41 ROAD
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, KATHLEEN	6.2 NAME	
STREET ADDRESS	16517 VANDERBILT DRIVE #11	6.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Donna Biolchini* **Donna Biolchini** 7/3/97
SIGNATURE REQUIRED

CP2E037 (497)